PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  O 9 /903208													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		29					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			29minus 20=		• •	9		X\$ 9=	21	OR	X\$18=		
INDEPENDENT CLAIMS			5m	inus 3 =	1	X40		X40=	20	OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					.425	<b>3</b> 0				
• 11	the difference	Ŀ	+135=	61/	OR	+270=	. e. i						
* If the difference in column 1 is less than zero, enter *0" in column 2  TOTAL 5/6 OR TO													
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTITY	OR	OTHER SMALL		
AWENDMENT.A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	Г	PATE	ADDI- TIONAL FEE		RATE	ADDI- FIONAL FEE	
	Total	· 58.	Minus		29	2		X\$ 9=		OR	X\$18=		
	Independent	. 6	Minus	***	جتح	- /		X40=			X89=	cod w	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 10-		OR		_88.~	
TOTAL											74270=		
											TOTAL ADDIT FEE	88/	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	).  -	RATE	ADDI- TIONAL FEE	
	Total	· 16	Minus	• . J	2	•		X\$ 9=		OB	X\$18=		
	Independent FIRST PRESE	• 5 NTATION OF MR	Minus JUTIPLE DEI	PENDENT	CLAIM	•		X40=			=08X**		
-								135=		OR.	+270=	er seine	
1							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT: FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus			=		X\$ 9=	TEE .		X\$18=	FEE	
	Independent		Minus	•••		=				OR			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
+135= OR +270=													
**.	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE												
		mber Previously Pe mber Previously Pe					er tound	in the app	propriate box			•	

FORM PTO-475 (Rev. 8/00)

Patient and Trademask Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPD: 2000-480-70830183